

**THE STATE OF NEW HAMPSHIRE**  
**JUDICIAL BRANCH**  
<http://www.courts.state.nh.us>

Court Name: \_\_\_\_\_  
Case Name: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
(if known)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES OR AGENCY**  
**SURRENDER OF PARENTAL RIGHTS**  
(RSA 170-B:5 through 170-B:12)

1. Name of agency surrendering rights \_\_\_\_\_  
Executive head or authorized representative \_\_\_\_\_  
Telephone \_\_\_\_\_ Email address \_\_\_\_\_  
Mailing Address \_\_\_\_\_
2. Name of Child \_\_\_\_\_  
Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
3. Name of birth mother \_\_\_\_\_  
Date of birth mother's surrender or termination of parental rights (TPR) \_\_\_\_\_  
Place of surrender or TPR \_\_\_\_\_ Case number \_\_\_\_\_
4. Name of birth father \_\_\_\_\_  
Date of birth father's surrender or termination of parental rights (TPR) \_\_\_\_\_  
Place of surrender or TPR \_\_\_\_\_ Case number \_\_\_\_\_

Please read carefully the information below before signing this document.

By completing this surrender of parental rights, I understand that my department or agency will continue to have a legal relationship with the child, giving the department or agency responsibility for oversight of the support, medical, and other care of the minor child until a final decree of adoption has been issued. I understand that temporary care, custody and control of the child will be transferred to the adoptive parents during this interlocutory period.

By signing this document below, I declare:

- that I represent the department or agency having care, custody and control of the child;
- that all the information on this surrender form is true;
- that I have read and understand the content of this document; and
- that I wish this surrender of parental rights to take effect.

\_\_\_\_\_  
Date  
\_\_\_\_\_  
Signature of Executive Head or Authorized Representative  
State of \_\_\_\_\_, County of \_\_\_\_\_  
This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_  
My Commission Expires \_\_\_\_\_  
Affix Seal, if any \_\_\_\_\_  
Signature of Notarial Officer / Title

**ORDER**

This surrender of parental rights is: ☐ Approved ☐ Not approved

\_\_\_\_\_  
Date  
NHJB-2081-FP (10/01/2006)  
(formerly AOC-082SA-003)

\_\_\_\_\_  
Judge  
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